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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/550,936			ing Date 28/2005	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))		or (c))	N/A		N/A		N/A			N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FEE (37 CFR 1 16(o), (p), or (q))		N/A		N/A		N/A			N/A	
(37	TAL CLAIMS CFR 1_16(i))	Y	minus 20 =			П	X \$ =		OR	X \$ =	
	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 =			П	x s = 1		1	X 8 =	
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See \$50.50.2.0 (\$1/(1/6) and 37.5 FFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						П					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN LLL ENTITY
AMENDMENT	05/23/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 6	Minus	20	= 0	П	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 4	Minus	···5	- 0	П	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))					П					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		-	П	X \$ =		OR	X 8 =	
Ճ	Independent (37 CFR 1 16(h))		Minus	***	-		X \$ =		OR	X \$ =	
핕	Application S	ize Fee (37 CFR 1	16(s))			ı			ı		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
*If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number tound in the appropriate box in column 1. The "Highest Number Previously Paid For "(Total or Independent) is the highest number tound in the appropriate box in column 1. The "Highest Number Previously Paid For "(Total or Independent) is the highest number tound in the appropriate box in column 1.											

into consciond information is required by 3 / U+1 1.6. The findomation is required to dorain or retain a content by the place which is to the Land by the process) an application Confidentiality is governed by 38 US. C.12 and 37 CH1 1.4. This confidence is estimated to believe 16 or limited to comprise, including gathering, preparing, and submitting the completed application form to the USPTO. Time will way depending upon the individual case. Any comments on the amount of time you require to complete this form and for suggestions for reducing this burdon, should be sent to the Cell eliteration (10.1 C.). By Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 2231-0. D.N.O.T SEND, ESS OR CONFILEED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 2231-31450.